

Kansas Medical Assistance

Overview of Programs for Elderly and Persons with Disabilities

KHPA offers many plans to assist with health care costs. This page gives information about medical assistance for:

Elderly - persons 65 or older

Persons with a Disability - those who meet Social Security's disability rules

Most plans have asset limits. We may not count some assets. We do not count the home where you live, one car, some burial plans, and furniture and household items. We do count other assets. We count bank accounts, most life insurance policies, stocks and bonds.

The estate recovery program recovers assets from some estates. They recover from the estates of certain deceased Medicaid consumers. This may include estates of persons age 55 or older. It also may include estates of persons who received long term care services. Estate recovery does not recover funds for Medicare Cost Sharing plan.

For people who have Medicare, the cost of the Medicare Part B premium is paid for most people who qualify for medical coverage. Prescription drug expenses through Medicare Part D are also covered through Medicare Part D Subsidy.

We offer health care to these groups:

SSI Recipients: Supplemental Security Income (SSI) is a cash program from Social Security. This program helps meet the basic needs for food, clothing and shelter. It is for people with little or no income. It is for seniors age 65 and older. It is also for persons with disabilities. Persons who receive SSI benefits usually qualify for medical assistance. Children who are disabled also may receive SSI. Persons who receive SSI find the application process simple. We do ask some questions right away. We will need proof of any other health insurance. We will need copies of any trust funds.

Medicare Cost Savings Plan: These pay Medicare out-of-pocket expenses. This includes premiums and co-payments. A single person must have assets below \$6600 and a couple must have assets below \$9910 for QMB and LMB. Medicare Part D Subsidy resource limits are \$11,010 for a single person and \$22,010 for a couple. There are three different programs:

Qualified Medicare Beneficiary (QMB): Single persons must have a monthly income below \$903. Couples must have a monthly income below \$1215. This program pays for the Medicare Part B premium. It also pays Medicare co-pays and deductibles.

Low Income Medicare Beneficiary (LMB) and Expanded Low Income Medicare Beneficiary (ELMB): For LMB, single persons must have a monthly income below \$1083 and for couples below \$1457. For ELMB, single persons must have a monthly income below \$1219 and for couples below \$1640. This program pays for the Medicare Part B premium.

Medicare Part D Subsidy: Single persons must have monthly income below \$1354. Couples must have a monthly income below \$1822. This program helps pay costs associated with Medicare Part D prescription drug coverage, including premiums and deductibles. Copayments are also reduced for people who get Medicare D Subsidy.

Qualified Working Disabled (QWD): This is program is for persons who lose Medicare Part A due to work. If a single person's income is below \$1805, this program may pay the premium.

Working Healthy: This offers medical assistance to employed persons with disabilities. It is for persons ages 16-64. Its income and asset limits are higher than other programs. A single person's income must be below \$2708. Couple's income must be below \$3643. We only count half the money toward the limit. The asset limit is \$15,000. Some persons must pay a premium. Premiums start at \$55.00 per month.

Medically Needy or Spenddown: Persons with higher income may qualify for Medically Needy coverage. This program is for the elderly or disabled, pregnant women or children under 19. Single persons must have less than \$2000 in assets. Married couples must have less than \$3000 in assets. There is no asset limit for children and pregnant women.

A spenddown works like an insurance deductible. Persons must incur medical costs equal to the spenddown before Medicaid will pay. When a person meets his or her spenddown, Medicaid will pay. We usually figure the spenddown for a six-month base period. We use the person's income to find their spenddown amount. Any person with income over \$475 will have a spenddown. Almost every person has a different spenddown amount.

MediKan: This plan is for persons with disabilities. Most persons have a pending application with Social Security. Persons may receive MediKan for 2 years. MediKan has limited services. Services do include prescription drugs and medical. People must get General Assistance to get MediKan.

SOBRA: This plan is for persons who do not meet citizenship rules. It covers life-threatening emergency care costs and baby deliveries only. The program may also cover families with children, elders, and persons with disabilities. Persons must meet income and asset rules to qualify.

Breast and Cervical Cancer: This plan is for persons with breast or cervical cancer. The Early Detection Works program must diagnose the condition. The Early Detection Works program offers a free breast and cervical cancer screening to some women ages 40-65. For information on the Early Detection Works program, call toll free, 1-877-277-1368. A nurse with the Early Detection Works program will help women apply for the program.

Inpatient Tuberculosis Care: This plan only covers tuberculosis treatment in a hospital setting. There are very few rules for this group.

Nursing Facility Coverage: This is for persons in a nursing home or similar facility. Single persons must have assets below \$2000. We will not count the value of the home if the person intends to return home. Persons may not give money or property away. They may not sell assets. They may not transfer assets to others. They may receive a penalty for doing this. SRS looks at all transfers within the past 5 years. There usually is not an income limit for nursing home care. We use the person's monthly income to find their share for nursing home costs. The patient may keep \$62 a month for personal needs. They may also keep enough to pay private health insurance. They apply the rest of their income to their home nursing costs. Medicaid pays the remaining home nursing costs. Persons in nursing home care will also get a medical card. This helps with prescription drugs and other medical expenses.

There are special rules for married persons in a nursing facility. We call it Division of Assets or Spousal Impoverishment.

Home and Community Based Services (HCBS): This offers services in the community instead of in the nursing home. HCBS is much like nursing home health care coverage. Persons must have a medical need for the special care. There must be an open space in the HCBS program. The asset limit is \$2000 for single persons. People on HCBS must also share in the cost of care. Persons with income more than \$727.00 a month help pay for their care. People on HCBS also get a case manager. The case manager oversees the medical care.

Program of All-Inclusive Care for the Elderly (PACE): This is a program for persons ages 55 and older. They must live in Sedgwick, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Shawnee and Wabaunsee Counties. It provides long term care through a managed care network. This only covers the medical expenses from providers in the managed care network. For people living in the community, the HCBS rules apply. For people who move to a nursing facility, the nursing facility rules apply.